

FEB 10 2003

**DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION**

Declaration OR  
Submitted  
with Initial Filing       Declaration  
Submitted after  
Initial Filing

Attorney Docket Number	
First Named Inventor	Vladimir Brik
COMPLETE IF KNOWN	
Application Number	09/685,204
Filing Date	10/10/2000
Group Art Unit	1731
Examiner Name	John Hoffman

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Multifunctional Apparatus to Manufacture  
Mineral Basalt Fiber**

the specification of which

(Title of the Invention)

is attached hereto  
OR

was filed on (MM/DD/YYYY) **10/10/2000** as United States Application Number or PCT International

Application Number

**09/685,204**

and was amended on (MM/DD/YY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

Acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefit under Title 35, United States Code §119 (3)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (b) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input checked="" type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/189,256	03/14/00	
60/130,456	04/22/99	
60/120,730	02/18/99	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments or suggestions you have concerning the burden hour statement should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

Type a plus sign (+) inside this box →

## **DECLARATION**

**PRIORITY DATA**  
**(Supplemental Sheet)**

#### **Additional foreign applications:**

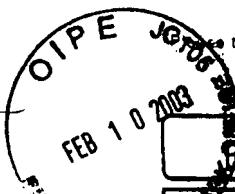
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>

**Additional provisional applications:**

Application Number	Filing Date (MM/DD/YYYY)
60/078,104	03/16/98
60/077,794	03/12/98
60/042,384	04/24/97
60/040,602	03/17/97

**Additional U.S. applications:**

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)



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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

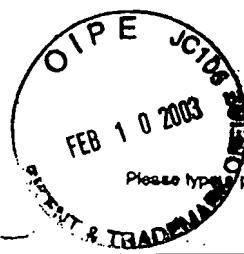
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)	
09/268,634	03/16/99		
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number _____ → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number
			1731

<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label _____ OR <input type="checkbox"/> Correspondence address below			
Name	Vladimir B. Briks		
Address	2302 Jonquil Rd		
Address			
City	Madison	State	WI
Country	USA	Telephone	608/442-8415
		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)		Family Name or Surname			
Vladimir	B.	Briks			
Inventor's Signature	V. Briks				
Residence: City	Madison	State	WI	Country	USA
Post Office Address	2302 Jonquil Rd.				
Post Office Address					
City	Madison	State	WI	ZIP	53711
				Country	USA
<input type="checkbox"/> Additional Inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					

[Page 2 of 2]



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<b>DECLARATION</b>				<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page _____ of _____			
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned Inventor							
Given Name (first and middle [if any]) Vladimir B				Family Name or Surname Brik			
Inventor's Signature	Vlad. Brik			Date	Feb. 06 2003		
Residence: City	Madison	State	WI	Country	Dane	Citizenship	U.S.
Post Office Address	2302 Tongue Rd., Madison, WI-53711						
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned Inventor							
Given Name (first and middle [if any]) None				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned Inventor							
Given Name (first and middle [if any]) None				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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